

NORTH DORSET GROUP



WALK SUBMISSION FORM

DAY/DATE OF WALK:
.....
.....

PLEASE BOOK A DATE TO LEAD YOUR WALK PRIOR TO SUBMITTING FORM

LEADER(S) & PHONE NO(S):
.....
.....

START TIME AM/PM **PARK AT** **FEE/NO FEE/DONATION** £

MEET AT (IF DIFFERENT) **GRID REF**

MAP TYPE & NUMBER(S) **DISTANCE**MILES

PACE **TERRAIN:** **ASCENT*** FT/M

LUNCH:- PACKED/PUB/ **TOILETS*** AT START/ON ROUTE/BOTH **DOGS?** YES/NO/ON LEAD

NOTES/ROUTE/HIGHLIGHTS:

PLEASE RETURN BY DUE DATE TO: * OPTIONAL

PROGRAMME SECRETARY:
Mrs Sheila Davis
2 Bridge Close
Gillingham
SP8 4LS
☎ 01747 824705

Any incident, accident or injury that occurs on any of our walks must be reported to **Barry** on ☎ 01747 855739

Brief details of the walk will be published on the Group's website. If you would rather your contact details were not included, please tick this box:

If you have any questions concerning this, please contact Jan: 01963 362162

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